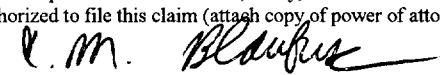


United States Bankruptcy Court ***** District of IDAHO		PROOF OF CLAIM
In re (Name of Debtor)  <b>COMMUNITY HOME HEALTH</b>	Case Number  <b>98-02141 JDP -7</b>	
<small>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. §503.</small>		
Name of Creditor (The person or other entity to whom the debtor owes money or property)  Name and Address Where Notices Should Be Sent <b>Transamerica Insurance Finance Corporation 170 Lawrence Bell Drive Williamsville, New York 14221</b>  Telephone <b>(716) 635-7404</b>	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach a copy of statement giving particulars.  <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.  <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Account or other number by which Creditor identifies Debtor:  <b>T491-80504459</b>		
Check here if this claim <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated: _____		
<b>1. BASIS FOR CLAIM</b> <div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other (Describe briefly)</div><div style="width: 50%;"><input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114(a) <input type="checkbox"/> Wages, salaries and compensation (Fill out below) Your social security number _____ Unpaid compensation for services performed from _____ (date) to _____ (date)</div></div> <b>Priority Administrative Expense §503(b)</b>		
<b>2. DATE DEBT WAS INCURRED</b> <b>5/18/98</b>	<b>3. IF COURT, JUDGMENT, DATE OBTAINED:</b>	
<b>4. CLASSIFICATION OF CLAIM.</b> Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED. <div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><input checked="" type="checkbox"/> <b>SECURED CLAIM \$ 30,987.53*</b> Attach evidence of perfection of security interest Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe briefly) <b>Premium Finance Agreement</b> Amount of arrearage and other charges at time case filed included in secured claim above, if any \$ _____  <input type="checkbox"/> <b>UNSECURED NONPRIORITY CLAIM \$</b> _____ A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.  <input type="checkbox"/> <b>UNSECURED PRIORITY CLAIM \$</b> _____ Specify the priority of the claim.</div><div style="width: 50%;"><input type="checkbox"/> Wages, salaries or commissions (up to \$4000), * earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier -- 11 U.S.C. §507(a)(3)  <input type="checkbox"/> Contributions to an employee benefit plan -- 11 U.S.C. §507(a)(4)  <input type="checkbox"/> Up to \$1,800* of deposits toward purchase, lease or rental of property or services for personal, family or household use -- 11 U.S.C. §507(a)(6)  <input type="checkbox"/> Alimony, maintenance or support owed to a spouse, former spouse, or child -- 11 U.S.C. §507(a)(7)  <input type="checkbox"/> Taxes or penalties of governmental units -- 11 U.S.C. §507(a)(8)  <input type="checkbox"/> Other -- Specify applicable paragraph of 11 U.S.C. §507(a) _____  <small>* Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small></div></div>		
<b>5. TOTAL AMOUNT OF</b> CLAIM AT TIME \$ _____ \$ <b>30,987.53*</b> \$ _____ CASE FILED: (Unsecured) (Secured) (Priority) <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Check this box if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.</div><div style="border: 1px solid black; padding: 5px; text-align: center;">\$ <b>30,987.53*</b> (Total)</div></div>		
<b>6. CREDITS AND SETOFFS:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.		
<b>7. SUPPORTING DOCUMENTS:</b> <i>Attach copies of supporting documents</i> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contacts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.		
<b>8. TIME-STAMPED COPY:</b> To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		
Date:  <b>7/7/98</b>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)   <b>C.M. Blaufuss Bankruptcy Specialist</b>	

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§152 and 3571.

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